PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective October 1, 2000

12287

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	В	SASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			\ 0 minus 20=		٠			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS) minus 3 =		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	L	TOTAL	355	OR	TOTAL	
CLAIMS AS AMENDED - PART II										,	OTHER	THAN
		(Column 1)	(Column 2) (Column 3)				: :	SMALL E	NTITY	OR	SMALL	
AMENDMENT A	6	CLAIMS REMAINING AFTER AMENDMENT	9-14	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	**	30	=		X\$ 9=	\setminus $/$	ÒЯ	X\$18=	
	Independent	· 3	Minus	***	3	= /		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
							۸۲	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	76	JUII. I QC E		'	ADDII. 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	TATION OF M	Minus	***	F CL AIAA	= :	$\ \ $	X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF IM	JLIIPLE DEP	ENDEN	CLAIM	<u> </u>	¹	+135=		OR	+270=	
							ΑĽ	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	S Secretary Marie Acts	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X40=		O D	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		』├	 -	- / -	OR	<u> </u>	
	If the entry in action	L	+135=		OR	+270=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously P aber Previously Pa					er foun	d in the app	ropriate box	c in co	lumn 1.	